

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002167 (3)

1. Corporation Name

FRIENDS ACROSS THE SEA, INC.



Principal Place of Business

Mailing Address

2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082

2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3348609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, WILLIAM H JR.
2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HILL, WILLIAM H JR.
STREET ADDRESS 2106 SAWGRASS VILLAGE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MORGAN, JACK
STREET ADDRESS 9737 PRESTON TRAIL
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.1 TITLE DVP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GEBHART, MARY
STREET ADDRESS 105 WATER OAK
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

3.1 TITLE DVP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 23 Village Walk Ct.
3.4 CITY-ST-ZIP Ponte Vedra Beach Fl. 32082

TITLE D ☐ DELETE
NAME MCCORMICK, JEAN
STREET ADDRESS 1 SAN DIEGO ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HARRISON, PAUL
STREET ADDRESS 1615 SEABREEZE AVENUE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

5.1 TITLE DT ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME HARRIS, ELIZABETH
STREET ADDRESS 304 FLAGLER BOULEVARD
CITY-ST-ZIP ST. AUGUSTINE FL 32084

6.1 TITLE DS ☐ Change ☒ Addition
6.2 NAME Peterson, Wanda
6.3 STREET ADDRESS 116 Osprey Ridge Road
6.4 CITY-ST-ZIP Ponte Vedra Beach, FL, 32082

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Hill, Jr. - Pres.

4/25/96

(9040) 85-5576

CR2E037 (12/95)